## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

<u> 1998</u>

DOCUMENT # P95000016256 (6)

HOFNER ENTERPRISES, INC.

Principal Place of Business Mailing Address

4452 BEE RIDGE RD 5707 - 45TH STREET EAST, #93
SARASOTA FL 34233 BRADENTON FL 34203
US

## FILED Jan 23 1998 8:00am Secretary of State



\* DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/27/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0563551 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. ☐ No 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOFNER, JOHN R 5707 - 45TH STREET EAST, #93 82 Street Address (P.O. Box Number is Not Acceptable) BRADENTON FL 34203 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE | Addition TITLE Ū 1.1 TITLE Change HOFNER, JOHN R 12 NAME NAME STREET ADDRESS 5707 - 45TH STREET EAST, #93 1.3 STREET ADDRESS **BRADENTON FL 34203** 1.4 CITY - ST - ZIP DELETE Addition 2.1 TITLE Change HOFNER, RUTH E 2.2 NAME NAME STREET ADDRESS 5707 - 45TH STREET EAST, #93 2.3 STREET ADDRESS BRADENTON FL 34203 CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change \_\_\_ Addition TITLE 3.1 TITLE NAME HOFNER, JOHN G 32 NAME 5707 - 45TH STREET EAST, #93 3.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34203** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELFTE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS 6.4 City-St-Zip

SIGNATURE:

STREET ADDRESS

OLUP HOSIES REFOUND WE WOFER OF SIGNING OFFICER OR DIRECTOR

-16-98 941-153-5021